

ENVIRONMENTAL ANALYSIS REQUEST FORM (Non-Drinking Water)

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Customer / Agency Name:			
Mailing Address:			
City:		State:	Zip:
Attention:		Phone:	
Email:		Fax:	
Collector (if different than above):		Contact Phone #:	
Date Collected:		Time Collected: (24 hour clock)	
Additional copy of report sent to:			
Address:		City:	State: Zip:
Sample ID:		Sample Location: (Project Name/ Code/ Site):	



State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA No. ID00018

SAMPLE MATRIX

- ☐ Surface Water ☐ Ground Water ☐ Product / Formulation ☐ Soil ☐ Sludge
☐ Waste Water ☐ Water, Unknown ☐ Biological Tissue ☐ Solid ☐ Other _____

METALS

- | T = Total | D = Dissolved |
|-------------------------------------|---|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Antimony | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Barium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Beryllium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Cobalt | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Copper | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Iron | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Lead | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Manganese | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Mercury | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Molybdenum | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Silver | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Strontium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Thallium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Tin | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Vanadium | <input type="checkbox"/> T <input type="checkbox"/> D |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> T <input type="checkbox"/> D |
| | |
| <input type="checkbox"/> Calcium | |
| <input type="checkbox"/> Magnesium | |
| <input type="checkbox"/> Potassium | |
| <input type="checkbox"/> Sodium | |

CHEMICAL

- ☐ Alkalinity
- ☐ Ammonia
- ☐ Biochemical Oxygen (B.O.D.)
- ☐ Chemical Oxygen (C.O.D.)
- ☐ Chlorophyll A
- ☐ Chloride
- ☐ Conductivity
- ☐ Corrosivity (Langelier Index)
- ☐ Cyanide, Total
- ☐ Cyanide, Weak Acid Dissociable
- ☐ Fluoride
- ☐ Hardness
- ☐ Hydrogen Sulfide
- ☐ Nitrate as N
- ☐ Nitrite as N
- ☐ Nitrate + Nitrite, Total
- ☐ Total Kjeldahl Nitrogen (TKN)
- ☐ Orthophosphate as P
- ☐ Orthophosphate as P, Dissolved
- ☐ pH
- ☐ Phosphorous, Total
- ☐ Silica
- ☐ Settleable Solids (SS)
- ☐ Sulfate
- ☐ Total Dissolved Solids (TDS)
- ☐ Total Suspended Solids (TSS)
- ☐ Total Suspended Sediment (TSSC)
- ☐ Total Solids (TS)
- ☐ Turbidity (☐ Metals Check)

RADIOLOGICAL

- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ Uranium

MICROBIAL

- ☐ Total Coliform
- ☐ E. coli

ORGANIC

- ☐ VOC – EPA 8260 / EPA 524
- ☐ Semi-VOC – EPA 525
- ☐ TPH – Dx - NWTPH
- ☐ Pesticides _____

SPECIAL FEES

- ☐ Metals Digestion
- ☐ Special Handling

OTHER ANALYSIS REQUESTED _____

CHAIN-OF-CUSTODY INFORMATION (When Required)

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Received with Seal Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No
						Label Tag, COC Agree? <input type="checkbox"/> Yes <input type="checkbox"/> No



Get your forms on the web at: <http://www.healthy.idaho.gov>; select 'Lab Submission Forms'

LABORATORY USE ONLY

Shipper: Courier Walk In Received Temp. <4 RT Radiation Check: Y N
 Preservative(s): H₂SO₄ Neutral HNO₃ <4°C Other # Bottles / Sample: _____ Container Type: Cubi Nalgene
 Storage Location: M IW OW R VOC EM # Samples / Order: _____ Lab Sample #: _____
 Date Received: _____ Received By: _____ Lab Order ID: _____